UNDERSTANDING DOCUMENTATION MEDICAL NECESSITY, DOCUMENTATION AND REIMBURSABLE SERVICE COMPONENTS

DATE: April 7, 2016 TIME: 9:00 AM - 4:00 PM

All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.

PLACE:

The California Endowment Center (Mojave Room)

1000 N. Alameda St. Los Angeles, CA 90012

PARKING: Free parking on-site

The Understanding Documentation - Medical Necessity, Documentation and Reimbursable Services Components training will identify the essential elements of documentation based on Short Doyle/Medi-Cal (SD/MC) Standards and will address the importance of Medical Necessity. The training will demonstrate how to accurately complete an assessment, client treatment plan and progress notes as well as assist staff in selecting appropriate procedure codes to match the services provided. In addition, the training will clarify Reimbursable Services Components and requirements based on the DMH Organizational Provider's Manual. This training will combine lecture, discussions, handouts and activities that promote the application of these important documentation elements.

TARGET AUDIENCE: DMH and Contract Providers

OBJECTIVES: As a result of attending this training, participants should be able to:

- 1. Identify the minimum documentation standards for the County of Los Angeles, Department of Mental Health.
- 2. Discuss Reimbursable Service Components and types of mental health services.
- 3. Identify core elements of Medical Necessity and the Clinical Loop.
- 4. Demonstrate the ability to assess and document consumer symptoms, strengths, impairments in an Assessment Form.
- 5. Demonstrate the ability to develop goals/objectives and document these in the client treatment plan.
- 6. Demonstrate ways to link interventions to the identified mental health needs of the consumer in the progress note.
- 7. Identify correct procedure codes to the service provided.

CONDUCTED BY: Quality Assurance Division - County of Los Angeles

Department of Mental Health, Program Support Bureau

COORDINATED BY: Lucious Wilson, MA, MPA, Training Coordinator

Phone: (213) 251-6872

Email: Itwilson@dmh.lacounty.gov

DEADLINE: When maximum capacity is reached

COST: None

CONTINUING None

EDUCATION:

DMH Employees register at: Contract Providers complete http://learningnet.lacounty.gov attached training application

| Cultural Competency | ☐ Pre-licensure | Law and Ethics | | ☐ General |
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County of Los Angeles Department of Mental Health

NON-DMH STAFF TRAINING APPLICATION FORM



Please Print or Type

Instructions

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

This form is not to be used for LPS Designation Training. The LPS Application is available at lacdmh.lacounty.gov/training&workforce.html .

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| Date(s): April 7, 2016 | | Training Coordinator: Lucious Wilson | | | | |
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| (non-county employees supply the last four digits of the SSN) | | | | | | |
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| Program, Service or Agency | | | | | | |
| Job Title | | | | | | |
| Address | | | | | | |
| City | | | Zip Code | | | |
| Telephone | | | Email | | | |
| License or Credential Number(s) (complete as many as applicable) | | | | | | |
| LCSW | LPT | L | LVN | | | |
| MFT | Psychologist | | RN | | | |
| Supervisor's Approval (Applications will not be processed if not signed by supervisor) | | For processing, please return Application to: | | | | |
| | | County of Los Angeles – Dept. of Mental Health PSB – Workforce Education & Training (WET) | | | | |
| | | | | | | |
| Print Supervisor Name | | Los Angeles, CA 90005 | | | | |
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| Supervisor's Signature | | ` ' | | | | |
| Supervisor's Signature | | * * | | | | |
| | | (When faxing there is no need to use a cover sheet) | | | | |
| | License or Credential N LCSW MFT cations will not be | Email License or Credential Number(s) (complete as matter than the complete as matter | Email License or Credential Number(s) (complete as many as appliance of the SSN) LCSW LPT LY MFT Psychologist For processing, please return A County of Los Angeles – D PSB – Workforce Education 695 S. Vermont Ave., 15th F Los Angeles, CA 90005 Fax: (213) 252-8776 Phone (213) 251-6872 Email: Itwilson@dmh.lacce | | | |

Revised: 07/2014